Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, Montana 59620-2501
www.opi.state.mt.us

MONTANA

ESEA
TITLE I
2003-2004 MIGRANT
APPLICATION
FORM

Under Title I of
Public Law 103-382
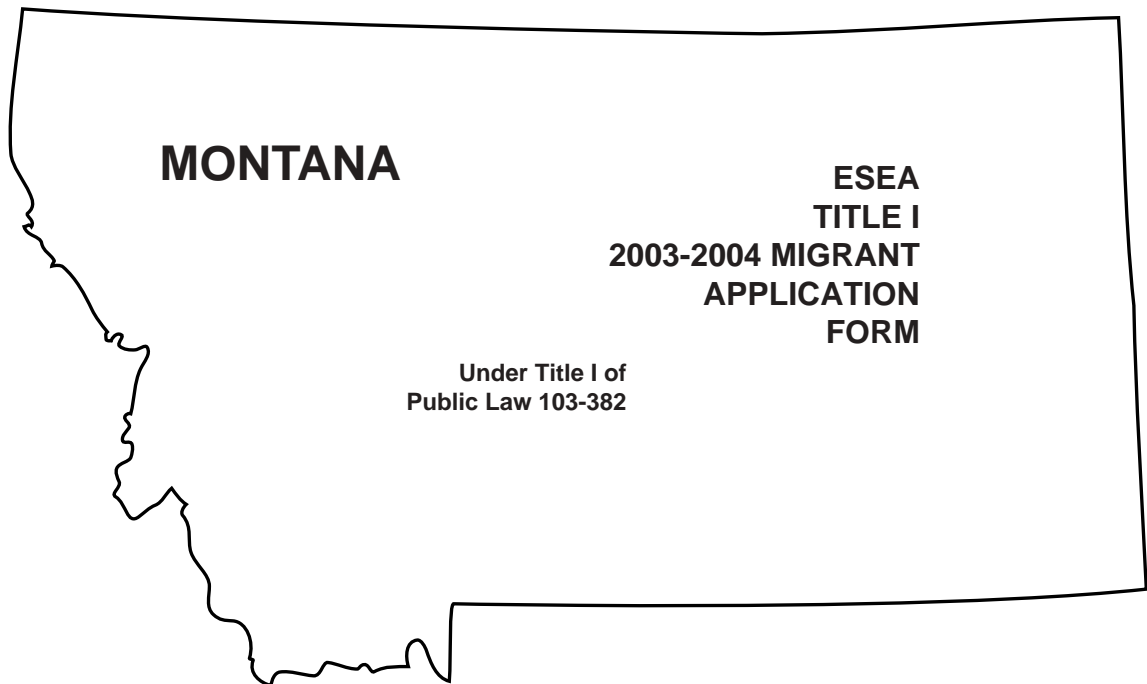
Applications are to be received three (3) weeks prior to proposed starting date.

Return to:

Angela Branz-Spall
Migrant Director
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501
www.opi.state.mt.us

2003-2004 Annual Application For ESEA Federal Programs

Migrant Education Application

Return the original to:
Angela Branz-Spall
Migrant Education Director
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

County_____ CO_____

District Name_____ LE_____

Postmark Date ____ -____-____

A. GENERAL PROJECT INFORMATION

NOTE: Only one district may be designated Prime Applicant District.

1. Prime Applicant District (District Designated Fiscal and Administrative Agent)

☐ Elementary   or   ☐ High School   or   ☐ K-12 District   ☐ Nonprofit

LE: ____ CO: ____

_____
District Name

2. Project Schedule Requested

Project will begin_____
(Month/Day/Year)
Project will end_____
(Month/Day/Year)

> **Project Schedule Approved by OPI**
>
> **Project will begin**_____
> (Month/Day/Year)
> **Project will end**_____
> (Month/Day/Year)

3. Total funds requested to operate this program_____

FOR OPI USE ONLY							
Fiscal Year	County No.	Legal Entity	School District Name	K-12 or Elem. or H.S.	Funds Approved	Direct	Indirect
					$	$	$
					$	$	$

4. Project Director_____ _____ _____
   Name   Position   Telephone

5. Submitted by: [Please type]

_____ _____ _____ _____
Authorized Representative   Title   Date   Telephone
CEO Nonprofit

_____ _____ _____
Mailing Address   City   ZIP Code

This application should be completed only by the Prime Applicant district.

B. **The Board of Trustees has submitted a Common Assurances form to OPI for the 2001-2002 school year and no circumstances affecting the validity of the assurances have changed since its submittal.**

_____
Signature

Designated Authorized Representative   ___Superintendent   ___Principal   ___County Superintendent   ___CEO

(Complete this portion <u>only</u> if more than one district will be served.)

C. _____   Legal Entity # (LE):   _____
PRIME APPLICANT DISTRICT NAME

_____   Legal Entity # (LE):   _____
Participating District (same joint board)

OTHER PARTICIPATING DISTRICTS:			
District Name	**LE**	**County Name**	**County # (CO)**

D. **PROGRAM NARRATIVE**

    1.   Identification and Recruitment

          a.   Describe the strategy for identifying and recruiting all eligible migratory children in your service area. List recruiter's responsibilities; include follow-up, home and field visits. Explain boundary arrangements made.

          b.   Describe service area, e.g., boundaries, etc., where your school district will recruit migratory children. Each LEA must have signed transportation contracts on file before budget approval.

    2.   Children to be Served (Mobility)
            NOTE: List the proposed enrollment by category.

	Preschool (1-2 yrs. 11 mos.)	Preschool (3-4 yrs)	Kindergarten (5 yrs.)	1st Graders (6 yrs.)	2nd Graders (7 yrs.)	3rd Graders (8 yrs.)	4th Graders (9 yrs.)	5th Graders (10 yrs.)	6th Graders (11 yrs.)	7th Graders (12 yrs.)	8th Graders (13 yrs.)	9th Graders (14 yrs.)	10th Graders (15 yrs.)	11th Graders (16 yrs.)	12th Graders (17-22 yrs.)
a. TOTAL number of children by age/grade who will have or who are projected to move to your area between 9/1/2002 and 8/31/2003 (Currently Mobile)															
b. TOTAL number of children by age/grade who moved to your area between 9/1/2001 and 8/31/2002															
c. TOTAL number of children by age/grade who moved to your area between 9/1/2000 and 8/31/2001 (Final Year of Eligibility)															

NOTE: **Priority for services is given to children who have moved most recently.**

- List primary qualifying work activities (i.e., hoeing beets, picking cherries, etc.)_____

- Have you received training regarding identification and recruitment this year? _____ Yes ____ No

- List states from or to which students migrate:

  ___ Texas #_____   ___ Washington #_____   ___ Mexico #_____

  ___ Oregon #_____   ___ Idaho #_____

  ___ Other, please specify_____

3.	Records Transfer

    a.   Explain how the LEA will maintain, update and transfer student records utilizing the following methods:

    (1)   The *New Generation* System

    (2)   Hand carried/Fax/Phone

4.	Needs Assessment	**(See chart on following page.)**

Provide a description of the educational needs of the migratory children to be served. The description shall include the following.

    a.   Academic Core Areas—reading, math, language, oral language, TAAS (for Texas-based students), SMART.
- Pre/Post Test scores in reading and math
- Standardized Achievement scores in reading and math (ITBS/TAAS/ TEKS/Washington State Test Scores)
- Language Proficiency

    b.   Support Services—health, nutrition, transportation, translation, service coordination with other agencies.

    c.   Technology

Name_____

INSTRUCTIONS FOR MONTANA MIGRANT EDUCATION
STUDENT NEEDS ASSESSMENT

Personal Data

1. Date Assessed—Enter the day and month that the needs assessment was conducted.

2. Student Name—(Enter last name first), Student Number

3. Grade—Enter present grade level (grade student will be in fall term).

Testing Data

4. Standardized Reading Score

5. Standardized Math Score

6. Language Proficiency rating—Indicate the student's oral language proficiency rating based on the following categories:

Category 1—Accent	Category 4—Fluency
Category 2—Grammar	Category 5—Comprehension
Category 3—Vocabulary	

7. Reading Post Test Score

8. Math Post Test Score

9. Grade Retention—Enter a check mark if student has been retained one or more years.

10. Over-Age for Grade—Enter a check mark if the student one or more years over age for the grade level in which he/she is enrolled.

Intervention Indicators

11-20 Enter a check mark if teacher recommends any one of the interventions listed.

Montana Migrant Education
LEA Summary Form—Student Needs Assessment
(Director's Form)

LEA _____

Year _____

Person Aggregating Assessment _____

PERSONAL DATA	TESTING DATA					ST. AP.			INTERVENTION INDICATORS									
									INSTRUCTIONAL					SUPPORT				
Grade Levels	Total Number of Students by Grade	Standardized Reading Score Below Proficient	Standardized Math Score Below Proficient	Language Proficiency Score Below Proficient	Reading Posttest Below Score	Math Posttest Below Score	Grade Retention	Over-Age for Grade	Not Accruing Credits	Special Education	Reading	Math	Language Arts	Other**	Medical	Dental	Visual	Auditory	Other**
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Grade 1																			
Grade 2																			
Grade 3																			
Grade 4																			
Grade 5																			
Grade 6																			
Grade 7																			
Grade 8																			
Grade 9																			
Grade 10																			
Grade 11																			
Grade 12																			
Column Tallies																			

No. of Students Below Proficient/ Not Meeting Performance Scores

Director's Signature _____

Date _____

**Specify other _____

Montana Migrant Education
Student Needs Assessment
(Teacher's Form)

School Year _____

Teacher _____

School _____

PERSONAL DATA			TESTING DATA					ST. AP.			INTERVENTION INDICATORS									
											INSTRUCTIONAL					SUPPORT				
Student Name 2	Grade 3	Date Assessede 1	ITBS/TAAS-TEK Reading 4	ITBS/TAAS-TEK Math 5	Language Proficiency Rating 6	Reading Posttest 7	Math Posttest 8	Grade Retention 9	Over-Age for Grade 10	Not Accruing Credits Toward Graduation 11	Special Education 12	Reading 13	Math 14	Language Arts 15	Other** 16	Medical 17	Dental 18	Visual 19	Auditory 20	Other** 21
Column Tallies																				
Column Tallies																				

**Specify other _____

| 5. | Stated Performance Objectives for Instructional Programs |

K-8 Reading

K-8 Math

Preschool

Secondary Course Completion

| 6. | Stated Performance Objectives for Support Services |

NOTE: The Office of Public Instruction will provide specific evaluation forms to be used by each project.

Describe how you will measure the success of the project, aggregate needs assessment and desired outcomes.

| 7. | Professional Development Performance Objectives |

| 8. | Staff/Student Ratios |

Provide staff:student ratios (average number of students per group/average student/staff ratio for each room).

9. Start-Up Dates

Provide start-up dates for: (1) Recruitment   _____
                                          (2) Regular year/outreach services _____
                                          (3) Site-based summer program   _____
                                          (4) Professional development   _____

Provide a detailed budget for lodging and per diem costs of director's participation in the National Conference and any pre-application workshops.

10. Parent Advisory Councils (PAC) (PAC's required for regular year projects)

    a.   Describe how the project will foster equitable representation of parents from the various categories of migratory children, e.g., preschool, elementary, etc.

    b.   Supply date/agenda for LOA parent meeting at LEA.

11. Job Descriptions

    a.   Provide a job description for each employee paid with migrant funds (add a list of employee names, addresses, telephone numbers, e-mail).

12. Classroom Rental/Inventory - Storage

Provide storage information. All LEAs must computerize inventories.

E. FISCAL YEAR 2003 TITLE I MIGRANT PERSONNEL: Worksheet

1. Personnel employed with Title I migrant funds must meet appropriate certification requirements. Personnel who are responsible for the diagnosis and prescription for students must be certificated. Such certification is neces-sary regardless of whether this person is working in the classroom situation or with students on an individual or small group basis outside of a regular classroom situation. Counselors and supervisory personnel must also hold appropriate certification for their assigned duties.

2. Tutors or education aides must work directly under the direction of a certificated staff member. The tutors and education aides may NOT introduce concepts to students unless the tutor or aide is also appropriately certifi-cated by the state.

3. All part-time personnel must keep time sheets, submit hourly wage claims and be paid at the rate specified in Column d on page 11.

4. Must send updated personnel page to the Office of Public Instruction when staff is finalized.

5. Please complete each column.

CONTRACTED MIGRANT PERSONNEL

NAME ALL MIGRANT PERSONNEL PAID FROM THE DISTRICT'S TEACHER SALARY SCHEDULE SEPARATELY	NUMBER OF WEEKS TO BE EMPLOYED MIGRANT		NUMBER OF HOURS PER WEEK TO BE EMPLOYED MIGRANT	CONTRACTED SALARY TO BE PAID BY PROJECT
	Elementary Program	High School Program		
(a)	**(b)**		**(c)**	**(d)**
Round off total to whole dollar amounts.			**TOTAL**	

OTHER MIGRANT PERSONNEL WORKSHEET

NAME ALL OTHER PERSONNEL PAID BY MIGRANT FUNDS	NUMBER OF WEEKS TO BE EMPLOYED MIGRANT		NO. OF HOURS PER WEEK TO BE EMPLOYED MIGRANT	*RATE OF PAY PER HOUR	SALARY TO BE PAID BY PROJECT	AMOUNT BUDGETED FOR VACATION & SICK PAY
	Elem. Program	H.S. Program				
(a)	(b)		(c)	(d)	(e)	(f)
Round off totals to whole dollar amounts.				**TOTALS**		

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FTEs Requested
Teachers_____
Aides_____
Support Staff_____
Other_____

02/03

ESEA TITLE I MIGRANT BUDGET WORKSHEET
Office of Public Instruction

Code	Item	LEA Proposed Budget	Budget No. 1	Budget No. 2	Budget No. 3
15-296-2200-113	Site Director's Salary				
15-296-2200-115	Clerical Salary				
15-296-2200-610	Administrative Supplies				
15-296-2200-531	Telephone				
15-296-2213-582	Inservice Training—All Staff				
15-296-2315-330	Outside Audits				
15-296-1000-112	Teachers' Salaries				
15-296-1000-117	Instructional Aides' Salaries				
15-296-1000-610	Instructional Supplies				
15-296-1000-581	Local Travel—Instructional				
15-296-1000-734	Equipment for Instruction				
15-296-1000-452	Equipment Rental				
15-296-1660-113	Preschool Professional Salary				
15-296-1660-117	Preschool Aides' Salary				
15-296-1660-610	Preschool Supplies				
15-296-2112-113	Recruiter Salary				
15-296-2112-581	Local Travel Recruiter				
15-296-2115-582	Local PAC Inservice Training				
15-296-2131-330	Emergency Medical/Dental				
15-296-2134-330	Nurse Salary				
15-296-2134-610	Minor Health Supplies				
15-296-2134-581	Local Travel—Health				
15-296-2600-120	Temporary Custodial Salary				
15-296-2600-440	Repairs/Maintenance of Plant				
15-296-2600-610	Consumable Custodial Supplies				
15-296-2620-451	Rent/Buildings				
15-296-2700-118	Bus Drivers' Salaries				
15-296-2700-452	District Bus Rental				
15-296-2700-513	Private Bus Contractor				
15-296-2700-520	Liability Insurance				
15-296-2730-117	Bus Aides' Salaries				
15-296-0000-210	Social Security				
15-296-0000-220	Teachers' Retirement				
15-296-0000-230	PERS				
15-296-0000-240	Unemployment Compensation				
15-296-0000-250	Workers' Compensation				
15-296-2220-320	Contractor				
15-296-1000-650	Dues/Subscriptions				
XXXXXXXXXX	Food Service Account (Total)*				
15-296-3100-116	Food Service Salary		XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
15-296-3100-451	Kitchen Rent		XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
15-296-3100-610	Food Service Supplies		XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
15-296-3100-630	Food		XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
	Direct Costs				
	Indirect Costs				
	Total Costs				
	Approved/Date				

*Figure Food Service Salaries, Kitchen Rent, Food Service Supplies and Food separately. Write the total on Food Service Account line.